

**REQUEST TO PARTICIPATE/HOLD HARMLESS AGREEMENT FOR PROGRAMS/EVENTS SPONSORED/APPROVED
BY THE CITY OF HIALEAH DEPARTMENT OF PARKS AND RECREATION**

PARTICIPANT _____
LAST FIRST MIDDLE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEX ☐ M ☐ F DATE OF BIRTH ____/____/____ SOCIAL SECURITY # _____
MONTH DAY YEAR

The participant currently has no known physical or mental condition that would impair the participant's capability for full participation as intended or expected in the program/event, except for _____

FOR MINORS ONLY:

PARENT/GUARDIAN _____
LAST FIRST MIDDLE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME TELEPHONE () _____ WORK TELEPHONE () _____

RELATIONSHIP TO PARTICIPANT _____

EMERGENCY CONTACT PERSON _____ EMERGENCY TELEPHONE () _____

TRANSPORTATION: (Mark one box only.)

☐ I authorize the City of Hialeah to transport the participant to and from program/event sponsored/approved by the City of Hialeah Department of Parks and Recreation.

☐ I do not authorize the City of Hialeah to transport the participant to and from program/event sponsored/approved by the City of Hialeah Department of Parks and Recreation.

PARTICIPATION: I hereby give permission for the participant named above to participate in the City of Hialeah Open Youth Baseball League sponsored by the City of Hialeah Department of Parks and Recreation. The Sports / Special Events Programs includes, but not to limited, football, basketball, soccer, volleyball, tennis, hockey, cheerleading, summer program and special events. My permission shall be effective upon signing this Request/Hold Harmless Agreement. I have instructed the participant to obey, at all times, all instructions, orders and commands given by the authorized representatives of the Department of parks and Recreation or its designees. I further give permission for the participant to be filmed and/or photographed in such program/event for use in publicizing the program/event.

RELEASE OF ALL CLAIMS: The undersigned, individually and on behalf of the participant, releases, covenants not to sue and forever discharges the City of Hialeah, its Officers, Agents, Employees, Coaches, Volunteers and their successors and assigns (all of whom constitute the released parties) of all liabilities, claims, actions, damages, costs or expenses, that the participant may have against the released parties arising out of, or in any way connected with participation in the program/event sponsored/approved by the City of Hialeah Department of Parks and Recreation, including travel to and from such program/event, and including injury or damage to person or property, or resulting in death of the participant, whether caused by the **NEGLIGENCE** of the released parties or otherwise.

CONSENT TO TREATMENT: I authorize such physician or medical staff, as the City may designate, to carry out any minor medical treatment deemed necessary, or to take the participant to the emergency room of the nearest hospital for treatment, if necessary.

I, the undersigned, am the parent/guardian of the above-specified minor participant. I have read and fully understand the provisions of the above Request Hold Harmless Agreement and have explained them to said minor. I hereby agree that said minor and I will be bound thereby.

Under penalties of perjury, I declare that I have read the foregoing Request/Hold Harmless Agreement and that the facts stated in it are true.

Signature of Participant(18 and over) or Parent/Guardian

DATE: _____

TO BE COMPLETED BY THE CITY OF HIALEAH

APPROVED: _____ DATE: _____
Department of Parks and Recreation